

**FORM RD-C3**  
(02/16)

City of Kansas City, Missouri - Revenue Division  
**TAX CLEARANCE REQUEST FORM**



KANSAS CITY  
MISSOURI

Phone: (816) 513-1120

Fax: (816) 513-1264

Federal ID (FEIN)/Social Security Number (SSN)		
Business Name		
Address (include City, State & Zip)		
<input type="checkbox"/> Check this box if you wish to receive this letter by fax	Fax Number	
<input type="checkbox"/> Check this box if you wish to receive this letter by email	Email Address	
Request Submitted by (Print Name)	Title (If Applicable)	
Signature	Phone Number	Date

**PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING**

**PLEASE SEND COMPLETED FORM(S) TO:**

Kansas City's Business License Office, City Hall, 1st floor, 414 E. 12th St., Kansas City, MO 64106